## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents F.O. Dox 14.54 Alexandra Wriginia 22313-1450 or Fax (771)-273-2885

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YOUNG & THOMPSON 209 Madison Street Suite 500					I hereby certify that this Fee(s) Transmittal is being deposited with the Unite States Postal Service with sufficient postage for first class mail in an envelop addressed to the Mail Stop ISSUE FEE address above, or being facsimil transmitted to the USPTO (571) 273-2885, on the date indicated below.				
Alexandria, VA 22314								(Depositor's name	
								(Signature	
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- DEFECT TO LETON NO.	FILING DATE			FIRST NAMED INVENTOR		ATTO	RNEY DOCKET NO.	CONFIRMATION NO.	
	7444			Michel Serpelloni			0600-1040	9708	
10/534,038 TITLE OF INVENTION: 1		MAI.T	O-DEXTRINS A		ERS				
III LE OF EVERTION	COLD OF BIGHT-OFFILE								
APPLN. TYPE	SMALL ENTITY	188	UE FEÉ DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE		
nonprovisional	NO		\$1510	\$300	\$0	\$1810		05/11/2011	
EXAMI	EXAMINER		ART UNIT	CLASS-SUBCLASS					
SASAN, ARADHANA			1615	424-464000					
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.				(1) the names of up to or agents OR, alternati	prieting on the patent from page, list ames of up to 3 registered patent autoneys ts OR, alternatively, name of a single firm (having as a member a red autoney or agens) and the names of up to temp patent autorneys or agens. If no name is 3				
Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				listed, no name will be	printed.	no nam	e is 3		
3. ASSIGNEE NAME AN	D RESIDENCE DATA	TOB	E PRINTED ON	THE PATENT (print or ty	pe)	an in id	lantified below the d	focument has been filed i	
		ified be pletion	elow, no assignee of this form is NO	data will appear on the p T a substitute for filing an (B) RESIDENCE: (CIT)	assignment.	COUNT	RY)		
(A) NAME OF ASSIGNEE				Lestrem, France					
Roquette Fr								. По	
Please check the appropria	ate assignee category or	catego							
4a. The following fee(s) a	b. Payment of Fee(s): (Ples	ase first reapply a	ny pre	viously paid issue fee	shown above)				
M Payment by					rd. Form PTO-203	8 is atta	ached.		
Advance Order - #	The Director is hereb overpayment, to Depo	y authorized to cha osit Account Numb	rge the er 25	required fee(s), any d 0 1 2 0 (enclose :	eficiency, or credit any an extra copy of this form				
5. Change in Entity Status (from status indicated above)					(if necessary)  ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).				
a. Applicant claims	SMALL ENTITY state	us. See	37 CFR I.27.	b. Applicant is no lor	ger claiming SMA	LL EN	attorney or agent: or t	he assigned or other party	
NOTE: The Issue Fee and interest as shown by the re	Publication Fee (if req ecords of the United St	uired) ites Pat	will not be accepte ent and Trademarl	of from anyone other than c Office.	ine applicant, a reg	pstereu	attorney or agent, or o		
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